## South Carolina Department of Insurance P. O. Box 100105, Columbia, SC 29202-3105 **Appointment/Termination Form** (Company return address box) Company Contact Telephone Number Terminate (Mark Column C if the termination is for Cause) Appoint SC License Appointment Type Producer Local (\$40), or General/Special State Specific **National** Name Effective (\$100),Company $\mathbf{C}$ Producer Line(s) of O Travel Baggage (\$20) Number Number Authority\* Date \*Line of Authority 19-Life 24-Surety 20-Variable Contracts 21-Accident & Health 22-Property 23-Casualty 25-Marine 34-Industrial Fire 26-Title 27-Personal Lines 29-Pre-Need 35-Credit 36-Auto Physical Damage 37-Crop Hail 38-Auto Liability 39-Mortgage Guaranty 40-Travel Accident & Baggage ENTRIES ON THIS FORM MUST BE EITHER ALL APPOINTMENTS OR ALL TERMINATONS **Termination reason:** In accordance with South Carolina law, the Department must be notified within 30 days following the effective date a producer is terminated. Mark column "C" when termination for "CAUSE" and provide supporting documentation out lining the exact reason for termination. Records furnished to the Department are not for public inspection (Section 38-43-55). Mark column "O" for "OTHER" terminations. If the "O" category is checked, no supporting documentation is required. Appointment: I hereby certify that I have duly investigated the character and record of the applicant(s) listed above and am satisfied they are competent, trustworthy and qualified to be insurance producer(s) under South Carolina law. SWORN to and before me this day of \_\_\_\_\_\_ Signature of Authorized Appointing Officer

Print or Type Name

Notary Public